

Terms of Reference

WHO FIC Education Committee

Purpose

Assist and advise WHO and the WHO-FIC Network in improving the level and quality of use of the WHO Family of International Classifications (WHO-FIC) in Member States by developing an education, training and credentialing strategy for the WHO-FIC, identifying best training practices and providing a network for sharing expertise and experience on training. The first priority will be for the reference terminologies, ICD and ICF.

Background

The Subgroup on Training and Credentialing of the WHO-FIC Implementation Committee was established at the 1999 meeting of Heads of Collaborating Centres in recognition of:

- The critical role of education and training for the successful implementation, use and maintenance of a classification system and for the quality of data produced
- The opportunities for sharing and strengthening education and training in members of the Family of International Classifications through international efforts, and
- The resulting benefits for comparability of national and international statistics

The Subgroup was established specifically to:

- Advise WHO and the WHO Regional Offices on best training practices
- Provide a network for sharing expertise and experiences on training
- Work with WHO Regional Offices in identifying needs for skills and training in countries both covered and not covered by Collaborating Centres
- Address the unique issues concerning mortality medical coders and nosologists in an automated environment
- Explore the possibilities for developing an international training and credentialing program for coders of WHO-FIC classifications
- Make recommendations to WHO and the WHO-FIC Collaborating Centres through the WHO-FIC Implementation Committee.

Following the integration of ICF into the Family in 2001, the Subgroup was expanded to consider parallel and related activities for users of the International Classification of Functioning, Disability and Health. During the 2003 annual meeting, the Subgroup reorganized as the WHO FIC Education Committee to better describe its broad mission and the role of education beyond the implementation phase of a classification.

Functions

The primary function of the Committee is to develop an integrated educational strategy for the International Classification of Diseases and the International Classification of Functioning, Disability and Health. Other members of the Family of International Classifications will be considered as resources permit. The components of this strategy include the following functions:

1. Assessment of the needs of users of the classifications, including those who provide source information, apply codes, conduct research or use the resulting data.
2. Identification of the learning objectives for educational approaches.
3. Inventory of existing educational materials and capacity.
4. Recommendations for learning content including development of core curricula
5. Recommendations for best practices for promotion and delivery of educational material.

The components of the strategy for the ICD include the following tasks:

1. Conduct needs assessments about the capacity, skills and responsibilities of ICD coders in member states
2. Identify the additional groups requiring education and training about ICD (e.g., statisticians, epidemiologists, policymakers, relevant systems managers, physicians, other clinicians and health sciences educators and students)
3. Identify groups requiring education and training in the proper completion of source documents (e.g., death certificate, health record)
4. Define the skills and levels of education and training required for coders and nosologists, as well as other users of the classification
5. Catalogue, characterize (e.g., purpose, subject, language, availability, media and technology) and disseminate information on current educational and training curricula and modules for the ICD, and identify gaps and methods for filling them
6. Review existing training materials and the mechanisms for their dissemination and identify best practices
7. Gather information from Collaborating Centres and Regional Offices on capacity for ICD-10 training in WHO member states
8. Explore national and international organizations (e.g., the International Federation of Health Record Organizations) with which coders and nosologists can affiliate
9. Explore the capacity of these organizations to support an international training and credentialing program
10. Identify approaches for assuring that training and credentialing are dynamic processes, responsive to changes in medical science, technology, coding rules, etc.

The components of the strategy for the ICF include the following tasks:

1. Liaise with Implementation Committee concerning applications and intended applications of ICF in order to identify educational needs.
2. Identify the groups requiring education and training about ICF (e.g., coders, statisticians, epidemiologists, policymakers, administrators, relevant systems and program managers, clinicians, survey developers, health sciences educators and students, consumers) the objective of the required education and the need for training trainers.
3. Catalogue, characterize (e.g., purpose, audience, content, language, availability, media and technology) and disseminate information on existing educational materials for ICF applications.
4. Create a database on educational products based on the Framework agreed by the Implementation and Education Committees and provide ongoing maintenance.
5. Review existing training materials and the mechanisms for their dissemination and identify best practices. Identify gaps and methods for filling them.
6. Provide advice on best practices to developers of ICF educational materials.
7. Explore the capacity of Collaborating Centres and Regional Offices for providing ICF education in WHO member states.
8. Explore the need for international credentialing of those trained to use ICF as a coding and classification system or of ICF training materials. Identify a support network or mechanism.
9. Identify approaches for assuring that training and credentialing are dynamic processes, responsive to changes in medical science, disability policy, technology, coding rules, etc. Explore different approaches to training, e.g., face-to-face, E-learning.

Structure and Working Methods

The Subgroup should have an integrated mandate of WHO-FIC education, although the nature and phase of different members of WHO-FIC may differ in different countries. If necessary, different work groups may be formed on specific WHO-FIC classifications so as to address different issues.

The structure of the Subgroup should involve permanent members from WHO (including the regional offices) and each collaborating centre who will primarily devote their time to developing and, to the extent possible, carrying out strategies for addressing the functions specified above.

Membership is open to Regional Offices and all Collaborating Centres with national and regional responsibilities for WHO FIC implementation. All WHO-FIC centers may nominate participants and beyond the permanent members additional participants may take part in committee meetings as observers.

The chair should preferably be a single person to emphasize the integration of WHO- FIC implementation.

The Subgroup should develop an annual work plan, which lists in detail aims, activities, deliverables, timelines and responsibilities for addressing the terms of reference.

Working methods should include e-mail, conference calls and meetings, including an annual meeting during the WHO-FIC HOC. Official meetings of the committee must be held in conjunction with international WHO-FIC meetings.

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